

**Application Data Sheet**

**Application Information**

Application number::

Filing Date:: February 26, 2002

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art::

CD-ROM or CD-R?:: None

Number of CDs::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: PRESENTING ELECTRONIC IMAGES

Attorney Docket Number:: 106201.122

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 2

Total Drawing Sheets:: 16

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?::

Petition Type::

Licensed US Govt. Agency:: No

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name::  
Family Name:: Caspe  
Name Suffix::  
City of Residence:: Sherbourne  
State or Province of Residence:: Massachusetts  
Country of Residence:: US  
Street of Mailing Address:: 32 Hunting Lane  
City of Mailing Address:: Sherbourne  
State or Province of Mailing Address:: Massachusetts  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 01770

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name::  
Family Name:: Harris  
Name Suffix::  
City of Residence:: Concord  
State or Province of Residence:: Massachusetts  
Country of Residence:: US  
Street of Mailing Address:: 113 Peter Spring Road  
City of Mailing Address:: Concord  
State or Province of Mailing Address:: Massachusetts

Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 01742

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Eugene  
Middle Name::  
Family Name:: Zarkin  
Name Suffix::  
City of Residence:: Boston  
State or Province of Residence:: Massachusetts  
Country of Residence:: US  
Street of Mailing Address:: 85 Brainerd Road, #603  
City of Mailing Address:: Boston  
State or Province of Mailing Address:: Massachusetts  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 02135

#### **Correspondence Information**

Correspondence Customer Number:: 23483  
Phone Number:: 617-526-6010  
Fax Number:: 617-526-5000  
E-Mail Address:: jason.reyes@haledorr.com

#### **Representative Information**

Representative Customer Number:: 23483

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
		[20 character max]	[8 characters mm/dd/yy]

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
[50 character max]	[20 character max]	[8 characters mm/dd/yy]	Yes or No

### Assignee Information

Assignee Name:: Sound Vision, Inc.  
Street of Mailing Address:: 432 Boston Post Road (Route 20)  
City of Mailing Address:: Wayland  
State or Province of Mailing Address:: Massachusetts  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 01778